



Long Term Disability

Physician's Return to Work Release

Instructions to Employee/Patient: Mohawk requires a written release from your provider to allow you to return to work. As soon as you anticipate returning to work, take this form to your treating physician along with the job description provided to you (if available). Ask your provider to assess your fitness for duty based on your job description and complete the information below. Then, take this completed form to your employer to discuss a plan for your return to work.

Instructions to Provider: Please review the patient's job description (if available) and assess the patient's fitness for duty. Indicate if there are any restrictions that the employer may have to take into consideration when the patient is able to return to work. Please DO NOT include any information surrounding the patient's diagnosis. This form should be returned to the patient.

Patient Name:	Employee ID:
Date patient is released to return to full duty with NO restrictions:	____/____/____
Date patient is released to return to work with the following restrictions, list <i>specific work restrictions</i> :	Restrictions: Restriction Period: Start Date: ____/____/____ Through Date: ____/____/____

Physician signature: _____ Date: _____

Physician's Name (please print): _____

RETURN THIS FORM TO YOUR SUPERVISOR OR TO HUMAN RESOURCES.

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